



State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Middlesex Hospital	
Doing Business As		
Name of Parent Corporation	Middlesex Health System Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	28 Crescent St. Middletown, CT 06457	
Applicant type (e.g., profit/non-profit)	Non - Profit	
Contact person, including title or position	Harry Evert Vice President	
Contact person's street mailing address	28 Crescent St. Middletown, CT 06457	
Contact person's phone #, fax # and e-mail address	860-344-6120 phone 860-346-5485 fax Harry_Evert@midhosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Emergency Department and Parking Facilities Expansion

b. Type of Proposal, please check all that apply:

☒ Change in Facility (**F**), Service (**S**) or Function (**Fnc**) pursuant to Section 19a-638, C.G.S.:

☐ New (**F**, **S**, **Fnc**)

☐ Replacement

☒ Additional (**F**, **S**, **Fnc**)

☒ Expansion (**F**, **S**, **Fnc**)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☐ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

Middlesex Hospital, 28 Crescent Street, Middletown, Connecticut 06457

d. List all the municipalities this project is intended to serve:

Middlesex Hospital's primary service area communities include the Connecticut towns of Middletown, Middlefield, Cromwell, Durham, Haddam, Killingworth, Portland, East Hampton, East Haddam, Marlborough, Colchester, Chester, Deep River, Essex, Old Saybrook, Westbrook, Clinton and Madison.

e. Estimated starting date for the project: **Summer 2006**

- f. Type of project: #25 "Other Outpatient" (Emergency Department), #27 "Facility Development" (Parking Deck), and #31 "Renovations". (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed) Not Applicable

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 33,859,000
- b. Please provide the following breakdown as appropriate:

Architecture and Engineering	\$ 2,514,000
Renovations (Existing Emergency Department)	\$ 930,000
Renovations (Existing Radiology Department)	960,000
New Construction (Emergency Department)	\$ 13,460,000
New Construction (Undeveloped Shell Space)	\$ 3,500,000
New Construction (ED Basement Parking)	\$ 1,150,000
New Construction (Parking Deck)	\$ 2,000,000
Medical Equipment (Purchase)	\$ 953,000
Imaging Equipment (Purchase)	\$ 440,000
Non-Medical Equipment (Purchase)	\$ 1,305,000
Sales Tax	\$ 0
Delivery & Installation	\$ 0
Other Development Costs & Capitalized Financing	\$ 3,219,000
Project Contingency	\$ 3,128,000
Total Capital Expenditure	\$ 33,559,000
Fair Market Value of Leased Equipment (Pyxis)	\$ 300,000
Total Capital Cost	\$ 33,859,000

Major Medical and/or Imaging equipment acquisition: (Specifics Not Yet Available)

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Contracts with vendors for the proposed equipment purchases included in this proposed project are not yet available.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☒ Charitable Contributions
 ☒ CHEFA Financing
 ☐ Grant Funding
☒ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION (See Page 8 Attached)

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT (Not Applicable)

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT (Not Applicable)

Applicant: _____

Project Title: _____

I, _____,
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that _____ complies with the appropriate and
(Facility Name)
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

SECTION IV. PROJECT DESCRIPTION

Emergency Department and Parking Facilities Expansion

This Certificate of Need proposes to substantially expand Middlesex Hospital's Emergency Department, which is severely undersized considering current space standards and increased patient volumes. The current facilities are not capable of handling today's volume and have to be significantly expanded to increase patient convenience, comfort and privacy and provide the number of treatment spaces required to adequately accommodate current as well as projected future volumes. The growth of the Hospital's emergency services volume over the last few years has put a great strain on this important service. Visits to the Hospital's Middletown Emergency Department increased from 26,400 visits in FY1996 to over 36,000 visits in FY2004, an increase of over 36%.

Located on the ground floor, the ED is currently "landlocked" by the Radiology Department on the south side and the Operating Rooms on the west side. Following an extensive planning process the Hospital has concluded that the most practical solution for providing the expansion space needed by the ED while also ensuring the ability to develop the Hospital's long-term campus facility master plan will be to construct a new building addition adjacent to the current Emergency Department.

This new building addition will add approximately 25,000 square feet of space directly adjacent to the current Emergency Department and the current Radiology Department. The new expanded facility will enable the Emergency Department to increase its capacity from its current 26 total treatment spaces to a total of 44, thereby addressing current deficiencies and providing the capacity needed to accommodate the continued growth in volumes projected over the next decade and beyond. This building addition will also include one level of parking in the basement to replace surface parking spaces that will be lost to the construction and additional shelled floor space above the ED to enable future vertical building expansion when needed.

In order to assure the adequate provision of imaging services to the new ED, necessary renovations and improvements to the adjacent Radiology Department will need to be undertaken as part of this project. In addition, this project will also include the construction of a two-level parking deck on the hospital campus. The proposed parking deck is required to correct an existing and documented parking shortage on the main hospital campus.

By improving and expanding its emergency care facilities and providing more convenient parking, Middlesex Hospital believes it will be improving the overall delivery of healthcare to the residents it serves. Middlesex Hospital currently is the only hospital with emergency care facilities located in Middlesex County. The hospital's emergency department serves residents throughout the hospital's primary service area communities (see list of municipalities in Section II.d). Middlesex Hospital and its affiliated physicians currently provide services to most insurance payers within the state. These same payer sources are anticipated to provide the revenues associated with the emergency treatment services provided by Middlesex Hospital in the future. Given the current and projected annual ED visit volumes, the hospital will demonstrate that it can operate a financially viable emergency service at no added cost to payers.

With this proposed project, Middlesex Hospital is making an important long-term financial commitment to expand and upgrade its emergency care service facilities. After studying the complex facility and site issues for several years, the hospital believes that it has arrived at a sound plan for the long-term future of this critical hospital service that will only help to enhance the healthcare delivery system in Connecticut.